

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB :

AMENDED

Registration District No. 215

Primary Registration District No. 5786

Registrar's No. 0020538

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0660

2 0660

3

4 0

5 1

6

7 0

8 12

9 4/20/1

10

11

12 90-3

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK

OR

TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Miller

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN Glaze Township

Length of stay in lb
Life.

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION Brumley, Mo. Rt. # 2

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE Missouri b. COUNTY Miller.

c. CITY OR TOWN Brumley, Missouri

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (if outside, give location)
Rural Rt. # 2.

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First
Wiley

Middle
(None)

Last
McDowell

4. DATE OF DEATH

Month
May

Day
4,

Year
1965

5. SEX
Male

6. COLOR OR RACE
White.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8-18-89

9. AGE (last birthday)
78

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farming.

10b. KIND OF BUSINESS OR INDUSTRY
None.

11. BIRTHPLACE (City and state or country)
Brumley, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

George McDowell

13b. MOTHER'S MAIDEN NAME

Susan Shelton.

14. NAME OF HUSBAND OR WIFE

Cora G. McDowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes World War I

17. INFORMANT

Address

Mrs. Cora G. McDowell Brumley, Mo. Rt2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH
Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at approximately 8:00 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
5/6/65

23c. NAME OF CEMETERY OR CREMATORY
Mt. Union Cemetery

23d. LOCATION (City, town, or county)
Brumley, Missouri Rural.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Walter Hedges Funeral Home Camden, Mo

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

MAY 12-1965

Jesse Perkins

8930302
MAY 19 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. D. P. Neger

Licensed Embalmer No. 4265

P. O. Address

Camden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.